

SERFF Tracking Number: FEMC-126152162 State: Arkansas  
Filing Company: Federated Mutual Insurance Company State Tracking Number: 42395  
Company Tracking Number:  
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
Product Name: Health Conversion  
Project Name/Number: Rates09/Rates09

## Filing at a Glance

Company: Federated Mutual Insurance Company

Product Name: Health Conversion

SERFF Tr Num: FEMC-126152162 State: Arkansas

TOI: H06 Health - Conversion

SERFF Status: Closed-Approved-  
Closed State Tr Num: 42395

Sub-TOI: H06.000 Health - Conversion

Co Tr Num:

State Status: FEES PAID

Filing Type: Rate

Reviewer(s): Rosalind Minor

Author: Jeanette Myers

Disposition Date: 05/19/2009

Date Submitted: 05/14/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: 07/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: Rates09

Status of Filing in Domicile: Not Filed

Project Number: Rates09

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 5%

Group Market Type:

Filing Status Changed: 05/19/2009

Explanation for Other Group Market Type:

State Status Changed: 05/19/2009

Deemer Date:

Created By: Jeanette Myers

Submitted By: Jeanette Myers

Corresponding Filing Tracking Number:

Filing Description:

Federated Insurance is submitting a health conversion rate increase. This is a 5% average rate increase that will be used with new and in-force business written under policy form 1494 (MM) Ed. 7-80. The proposed effective date of this increase is July 1, 2009.

## Company and Contact

### Filing Contact Information

Jeanette Myers, Compliance Analyst

jmmyers@fedins.com

121 East Park Square

800-533-0472 [Phone]

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Owatonna, MN 55060 507-455-8226 [FAX]

**Filing Company Information**

Federated Mutual Insurance Company	CoCode: 13935	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328	Group Name:	State ID Number:
Owatonna, MN 55060	FEIN Number: 41-0417460	
(800) 533-0472 ext. [Phone]		

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$50.00	05/14/2009	27883460

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/19/2009	05/19/2009

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## Disposition

Disposition Date: 05/19/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of a 5% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Federated Mutual Insurance Company	5.000%	5.000%	\$412	1	\$8,236	0.000%	5.000%

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No

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State: Arkansas

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## Rate Information

Rate data applies to filing.

### Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

5.000%

Effective Date of Last Rate Revision:

07/01/2008

Filing Method of Last Filing:

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Federated Mutual Insurance Company	5.000%	5.000%	\$412	1	\$8,236	0.000%	5.000%